24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) American College of Radiology Association Political Action Committe	FEC IDENTIFICATION NUMBER ▼ C C00343459
Check If 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Majority Strategies Mailing Address 135 Professional Drive	Date 11 27 / Y 2012
Suite 104 City State Zip Code Ponte Vedra Beach FL 32082	Amount 46473.98
	Transaction ID : V3D2CF53E45BD9015AF3 e Sought: House State: LA Senate District: 03
Trop. Shahoo III Baadany ah	President Oppose
for Office Sought 46473.98 2012	ursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mailing Address	Date
City State Zip Code	Amount
Purpose of Expenditure Category/ Type Office	e Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure: Check	President Ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	46473.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	46473.98
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
DR. William Herrington [Electronically Filed] Date Margin Date D	1 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y